

3.0. HIV SURVEILLANCE IN TENNESSEE

3.1. Introduction

While past estimates placed the number of HIV-infected Americans at one million, this has recently been revised downward, with the National Institutes of Health currently estimating that between 630,000 and 900,000 adults and adolescents were living with HIV infection nationwide, including 107,000 to 150,000 women^{28,29}.

For the purposes of data collection and reporting, the national HIV/AIDS surveillance system separates cases of AIDS from cases of HIV. Information on persons with HIV infection (not AIDS), referred to here as HIV-only cases, is useful when attempting to discern recent trends in patterns of infection. However, reporting of HIV infection is known to be incomplete. HIV is not a reportable condition in all states. Tennessee is currently one of 28 states requiring confidential reporting, by name, of all individuals who test positive for HIV. In doing so, the State hopes to gain a more thorough knowledge of the early stages of HIV infection, to identify any changes in patterns of transmission and groups at risk and to guide, evaluate and link HIV services. HIV infection reporting has been opposed by some groups, fearing the impact that a lack of anonymity may have on testing and noting inadequacies in treatment and services following diagnosis. While the needs of community planning groups and others seeking detailed data are recognized, the necessity for strict confidentiality is paramount.

HIV reports provide a minimum estimate of the number of persons infected with HIV, not including those with full-blown AIDS. HIV reporting is known to be less complete than AIDS reporting on four levels. First, Tennessee did not begin HIV surveillance until January 1, 1992. Any cases diagnosed prior to this date are absent from state reports unless the individual has since been retested for HIV or has been diagnosed with AIDS. In addition, due to the long and often symptom-free incubation period between HIV infection and the onset of AIDS, many of those who are infected with HIV have not been tested and are not aware of their antibody status. According to one estimate by TDH, as many as 50% to 60% of HIV-infected persons have not been tested. Third, HIV reports provide less complete information on risk exposure than AIDS reports. Finally, HIV statistics reflect patterns of and access to testing, but not necessarily patterns of infection. Thus, HIV data should be interpreted noting the availability of HIV test facilities, the existence and type of testing, and the possible proportion of people who do not seek testing.

²⁸ JM Karon et al. Prevalence of HIV Infection in the United States, 1984 to 1992. **Journal of the American Medical Association**. 1996; 276,2: 126-131.

²⁹ This estimate of HIV prevalence as of 1992 is based upon the most recent data published and encompasses "... persons living with HIV infection, including persons with AIDS already diagnosed...", **Ibid.**: 127.